Finneytown Local School District

Dispensing Non- Prescription Medications at School

A registered nurse, health aide or other school personnel is available to provide emergency and supplemental care for students. Students often have minor ailments and complaints that prohibit maximum effort in school, but can be eased, with simple over the counter remedies. The nurse or other personnel on duty may also use alternate methods of care (ice packs, rest) when possible.
We require written permission annually from you and your physician for each child, if our nurse/personnel is to give intermittent non-prescription remedies. Students who routinely use certain medications are encouraged to provide their own non-prescription medicine. This medicine will be kept in the nurses office. The medication must be in its original container, unopened and brought in by the parent/guardian.

___ YES, I hereby grant permission for the school nurse, health aide or school personnel to dispense only those over the counter medications, which are checked below. I release the nurse, health aide and school personnel from any liability for the administration of said preparations.

Student Name _____ Grade_____ DOB _____

_____ _____ _____
Parent/Guardian Signature Telephone Number Date

Physician, Please complete the medications you permit:

PAIN RELIEF	DOSAGE	FREQUENCY	INDICATIONS	REACTION
Ibuprofen	_____	_____	_____	_____
Acetaminophen (generic Tylenol)	_____	_____	_____	_____
OTHER				
Sudafed	_____	_____	_____	_____
Halls or Robitussin cough drops	_____	_____	_____	_____
Antacids (Rolaids, Mylanta, Tums)	_____	_____	_____	_____
TOPICALS				
Vaseline	_____	_____	_____	_____
Triple Antibiotic Ointment	_____	_____	_____	_____
Caladryl or Benadryl	_____	_____	_____	_____
Hydrocortisone Cream 0.5 or 1%	_____	_____	_____	_____
Visine Eye Drops	_____	_____	_____	_____
Insect Sting Swabs	_____	_____	_____	_____
Aloe Vera Gel	_____	_____	_____	_____
Sports Cream	_____	_____	_____	_____
OTHER: _____	_____	_____	_____	_____

List any drug allergies: _____
List all routine prescribed medications:_____

Physician Signature/Stamp _____ Date_____

Updated 8/18/15